

Name in Full *Rusco E. Billows*
Ashton

Certificate of Death

Town

County

Montgomery

Died at *Ashton June 24th 1903* *Montgomery*

MARYLAND

Date 1903

Month Day

Y. M.

Native of

Occupation

June 24

Age *9 5 24*

Montg Co

none

Male

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

~~Number of children living~~

Husband of

Wife

Father's Name *Wrighton Billows*

Mother's Name *Sarah A Billows*

Maiden Name

Cause of Death { Primary

Immediate

drowned

How long sick

Accident, ~~Suicide~~, Homicide

Reported by

Address

Alfred F Fairall P. actg. coroner
Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name

in
Full

Marquerite Brower

CERTIFICATE OF DEATH

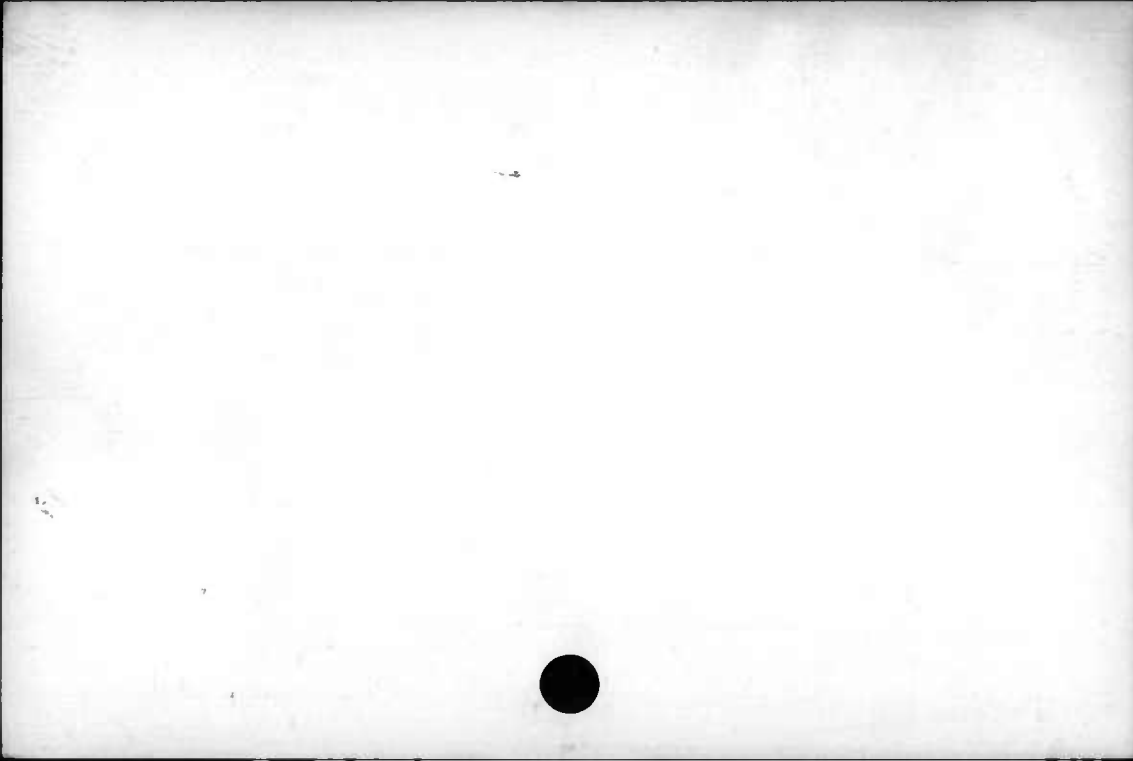
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foundling Hospital</i>		Town <i>Washington</i>		County <i>District of Columbia</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>30</i>	Age	Years	Months <i>1</i>	Days <i>29</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>D.C.</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Marasmus</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. S. Grey Howard</i>
	Address <i>Foundling Hospital Bethesda, Md.</i>
Accident or Suicide?	



Name
in
Full

Wm A. Baldwin

CERTIFICATE OF DEATH

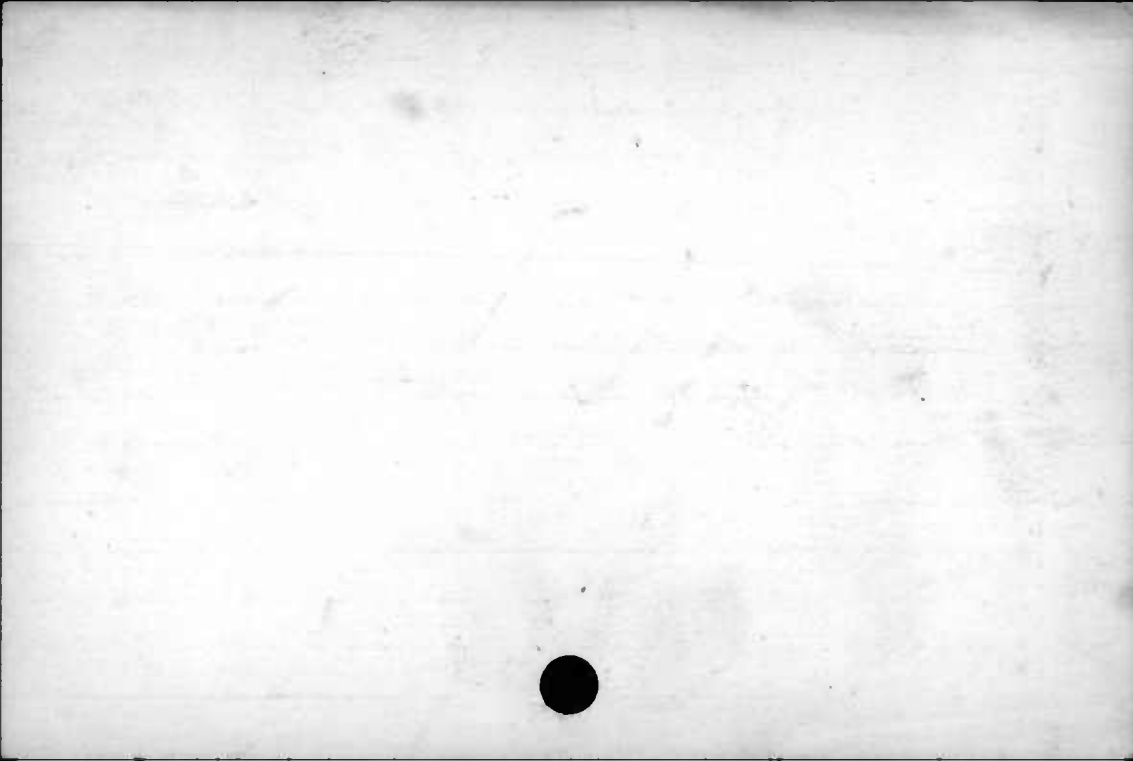
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>6</i>	Age <i>40</i>	Years	Months <i>8</i>	Days <i>17</i>			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va</i>						
Married, Single or Widowed <i>Married</i>			Occupation <i>Physician</i>						
Name of Wife or Husband <i>L. Kate Baldwin</i>									
Father's Name <i>Martin Baldwin</i>			Father's Birthplace <i>W. Va</i>						
Mother's Maiden Name <i>Jane</i>			Mother's Birthplace <i>W. Va</i>						
Name of person giving information <i>L. Kate Baldwin</i>			How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>5 years</i>
Immediate <i>Cardiac failure from old valvular lesion</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Andrews</i>
	Address <i>Rockville, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

John Clipper

Town

County

MARYLAND

Died at

Date

Month

Day

Age

Years

Months

Days

of death

1903

6

3

65

1

—

—

Sex

Male

Color or
Race

negro

Birth-
place

A.C.

Occupation

Day laborer

Where Residing if not
at place of death

~~Married~~ Single

~~Widowed~~

Name of Wife or
Husband

Martha Clipper (deceased)

Father's
Name

—

Father's
Birthplace

Mother's
Maiden Name

—

Mother's
Birthplace

Name of person giving
Information

—

How related
to deceased

CAUSES OF DEATH

Primary

*Typhoid
fever*

How long

4 wks.

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

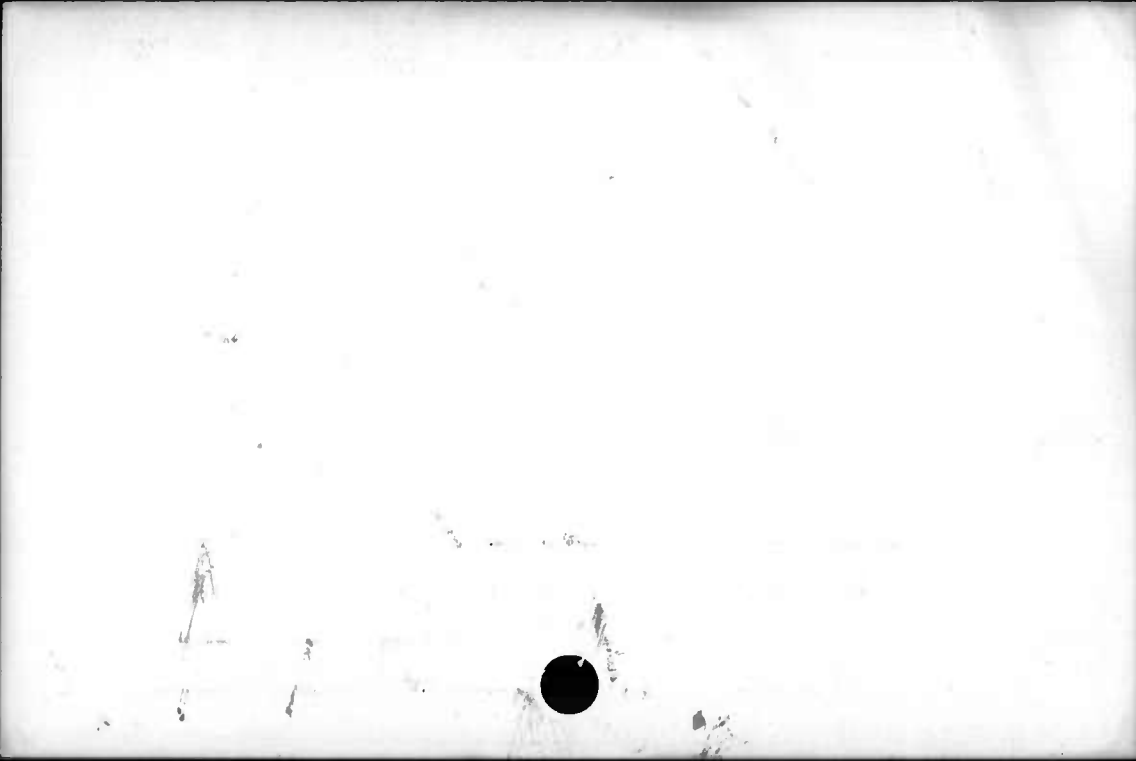
U-D. House M.D.

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Edward Downey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foundling Hospital</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>7th</i>	Age <i>—</i> Years	Months <i>one</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>D.C.</i>		
Married, Single or Widowed <i>Unknown</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Atrophy</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. H. Howard M.D.</i>
	Address <i>Foundling Hospital</i>
Accident or Suicide?	



Name
in
Full

Leslie Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foundling Hospital</i> ^{Town}		<i>Mountgomery</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>23</i>	Age <i>105</i> ^{Years}	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>D.C.</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Birth</i>
Immediate <i>Marasmus</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. S. Allen Howard</i>
	Address <i>Foundling Hospital</i>
	<i>Bethesda, Md.</i>
Accident or Suicide?	

9



Martha Graham

Died at *Rockville* ^{Town} *Montgomery* ^{County}

MARYLAND

Date 19*03* ^{Month} *6* ^{Day} *5* ^{Age} *76* ^{Y.} *76* ^{M.} *76* ^{D.} *76* ^{Native of} *Ind* ^{Occupation} *Domestic*

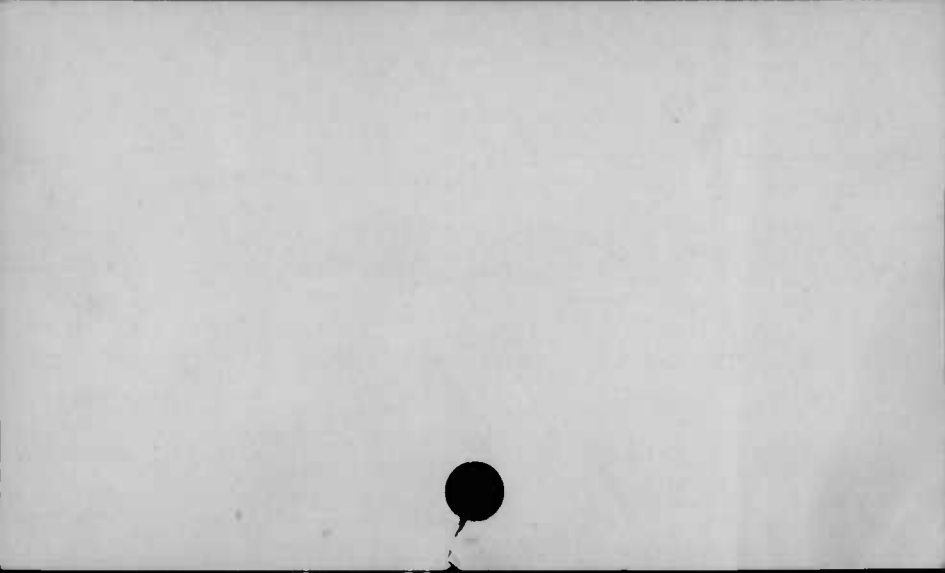
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *none*

Husband of *Tilghman Graham*
 Wife *Tilghman Graham*
 Father's Name *X* Mother's Name *X*
 Maiden Name *X*

Cause of Death { Primary *General debility* How long sick *1 or 2 yrs*
 Immediate *Exhaustion* *Accident, Suicide, Homicide*

Reported by *O. M. Linthicum M.D.*
 Address *Rockville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alfred Hood

Town

County

Died at

MARYLAND

Date

1903

Month

Day

June 17

Y.

M.

D.

Age

73

Native of

Ashton

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

2 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full

Certificate of Death

James H. Lightfoot Jr.

Town

County

Died at Takoma Park

Montgomery

MARYLAND

Date 1903

Month June Day 3

Age

Y. 1 M. 1 D. 1

Native of

X

Occupation

X

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
Wife

Father's

Name

James H. Lightfoot

Mother's

Maiden Name

Virginia Dorsey.

Cause of

Primary

Meningitis

How long sick

2 weeks

Death

Immediate

Meningitis

~~Accident, Suicide, Homicide~~

Reported by

Father -

(Dr. A. V. Parsons - Physician)

Address

Takoma Park, D.C.

L. M. Moores
Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

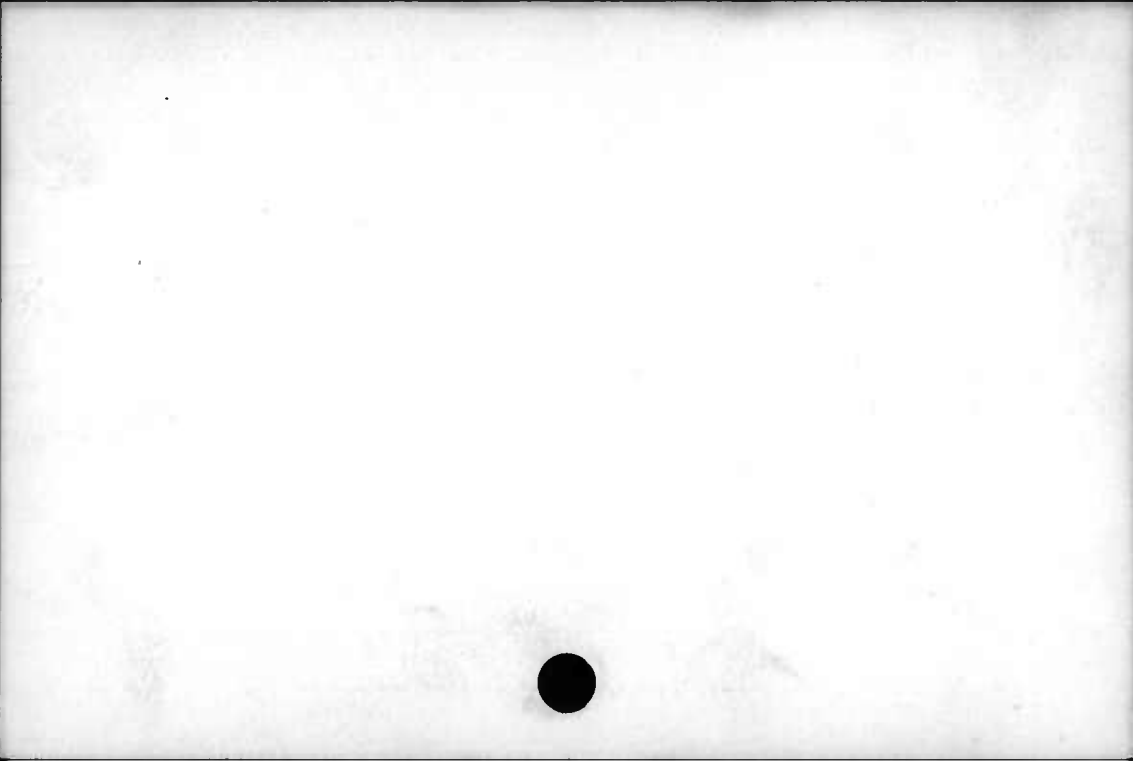
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morton</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>13</i>	Age <i>78</i>	Years <i>5</i>	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Mr. McClure</i>					
Father's Name <i>Mr. Farley</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mrs. Kuerst</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Mrs. McClure Jr</i>		How related to deceased <i>Daughter-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease Heart</i>	How long	<i>2 Months</i>
Immediate	<i>Valvular disease Heart</i>	How long	<i>2 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Eugene Foreman</i>	
		Address <i>Washington</i>	
Accident or Suicide?			



Name
in
Full

Barbara Murray

CERTIFICATE OF DEATH

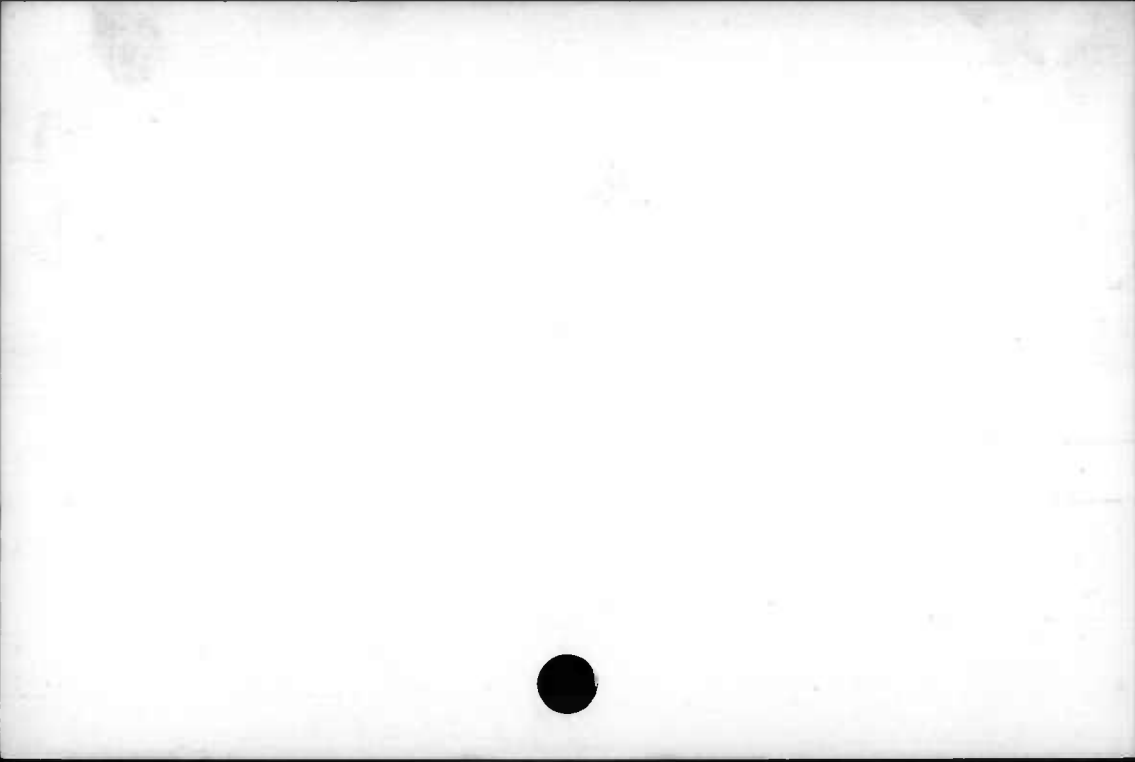
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foundling Hospital</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>June</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>14</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>N.C.</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Marasmus</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. B. Allen Howard</i>
	Address <i>Foundling Hospital, Bethesda, Md.</i>
Accident or Suicide?	



Name in Full		Edwin Hilham Powell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Age	Months	Days
	Sex		Color or Race	Birth-place			
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		

Town *Foundling Hospital* County *Montgomery*

Date of death 1903 Month *June* Day *24* Age *4* Months *4* Days *27*

Sex *Male* Color or Race *White* Birth-place *D.C.*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

105

Primary *Marasmus*

How long *Since birth*

Immediate *Marasmus*

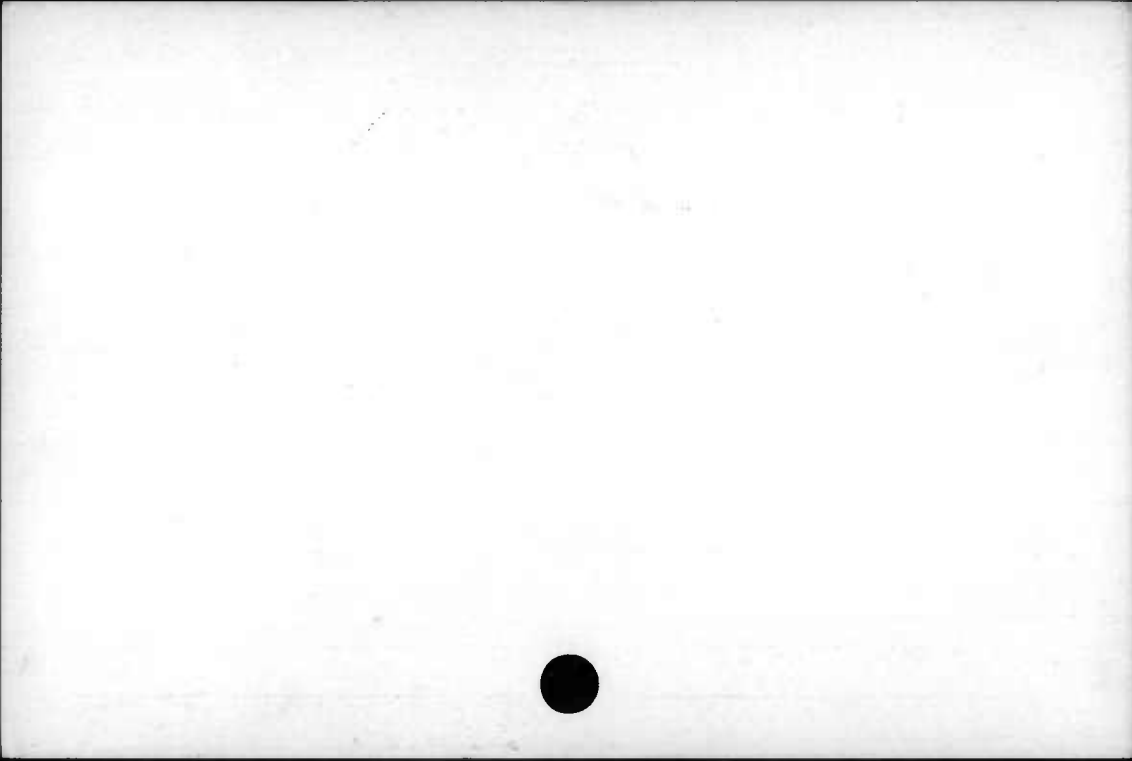
How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. S. Allen Howard*

Address *Foundling Hospital Bethesda Md.*

Accident or Suicide? *—*



Name
in
Full

Charles Reigel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Foundling Hospital* ^{Town} *Montgomery* ^{County}

MARYLAND

Date of death 190 *3* ^{Month} *June* ^{Day} *29* ^{Age} *2* ^{Years} *2* ^{Months} *2* ^{Days}Sex *Male* Color or Race *White* Birthplace *D.C.*Married, Single or Widowed *—* Occupation *—*Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *—*How related to deceased *—*

CAUSES OF DEATH

Primary

Marasmus

How long.

Since birth

Immediate

Marasmus

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. S. Allen Howard

Address

*Foundling Hospital
Bethesda Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER*S*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencer</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>24</i>	Age <i>69</i>	Years	Months	Days	
Sex		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Married, Single or Widowed		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Richard Williamson</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Edith Grover</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>6 or 8 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Bateman</i>
	Address <i>Spencer Ind.</i>
Accident or Suicide?	

